

Name in Full

Certificate of Death

Hermyl Brooks
 Town County *Calvert*
 Died at *Blount Creek* *Calvert* MARYLAND

Date 19*08* *aug* *24* Month Day Y. M. D. Age *22* *1* *9*
Male *White* *Married* *Widow* *Divorced* *House Keeping*
 Female Colored Single Widower Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

John J Brooks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

Armin R. Frost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

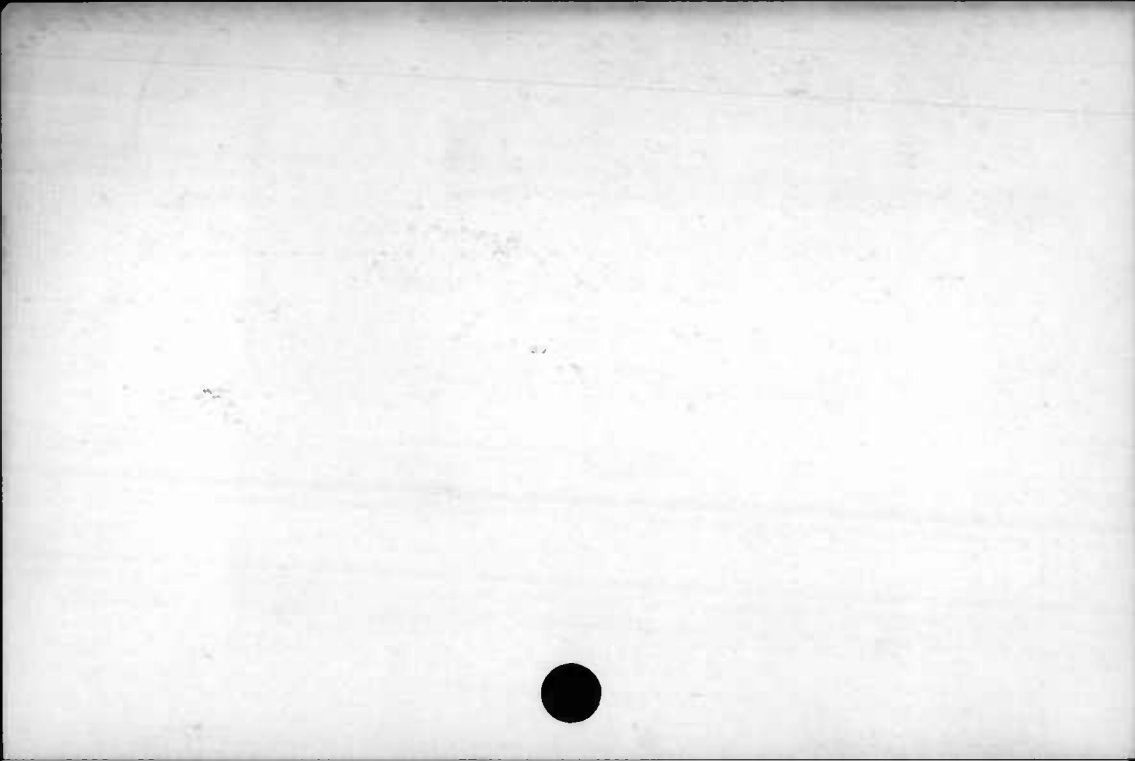
MARYLAND

Died at		Corr Pt		Calvert		County	
Date		3 Aug		31		Age 18	
Month		Day		Years		Months 11	
of death 1900						Days 29	
Sex		Female		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		—	
Name of Wife or Husband		—					
Father's Name		Henry Frost				Father's Birthplace	
						Calvert Co Md	
Mother's Maiden Name		Bertha Jane Cook				Mother's Birthplace	
						Calvert Co Md	
Name of person giving Information		Henry Frost				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis		How long		10 mos.	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr F Chambers	
				Address		Corr Pt Md	
Accident or Suicide?		—					



Name in Full

Certificate of Death

Martha A. Gray

Town

County

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living 2.

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

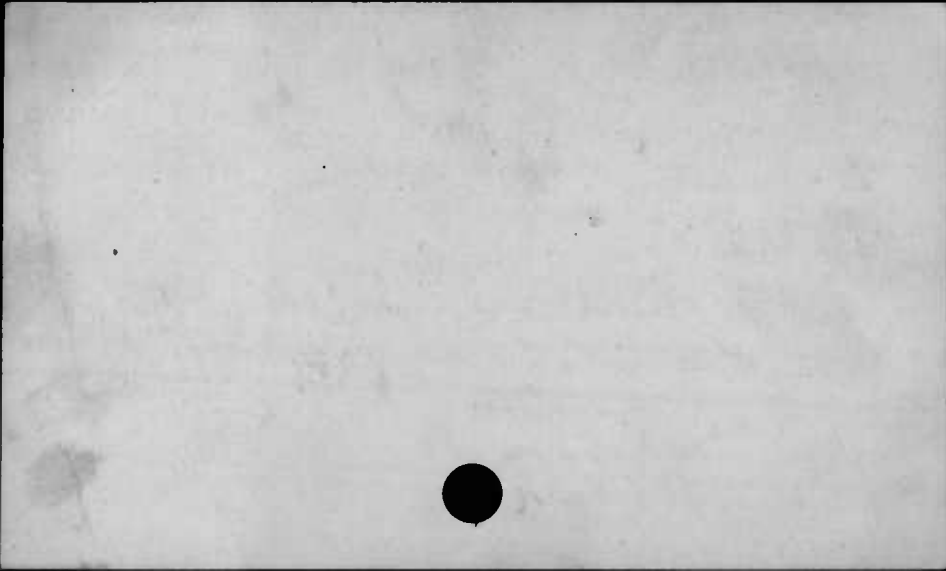
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm H Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Adelphia</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190	3	Month <i>Aug</i>	Day <i>17</i>	Age <i>64</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Catonsville</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>					
Name of Wife or Husband <i>Lottie Gross</i>							
Father's Name <i>Edward Gross</i>		Father's Birthplace <i>Acquia</i>					
Mother's Maiden Name <i>Jane Gross</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Daniel Gross</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 Yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. N. King M.D.</i>
<i>yes</i>	Address
Accident or Suicide?	



Name
in
Full

Hemmetta Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sunderland</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death 1903	Month <u>Aug.</u>	Day <u>10</u>	Age <u>80</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Brownstown Md.</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <u>Jacob Halland</u>					
Father's Name <u>Peter Waters</u>			Father's Birthplace		
Mother's Maiden Name <u>Elyzabeth Waters</u>			Mother's Birthplace		
Name of person giving information <u>Mrs R Titus</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

Primary	<u>Intra Cranial Hemorrhage</u>	How long <u>3 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>J. W. Leitch</u>
		Address <u>Huntingtown</u>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Jm Harrison

CERTIFICATE OF DEATH

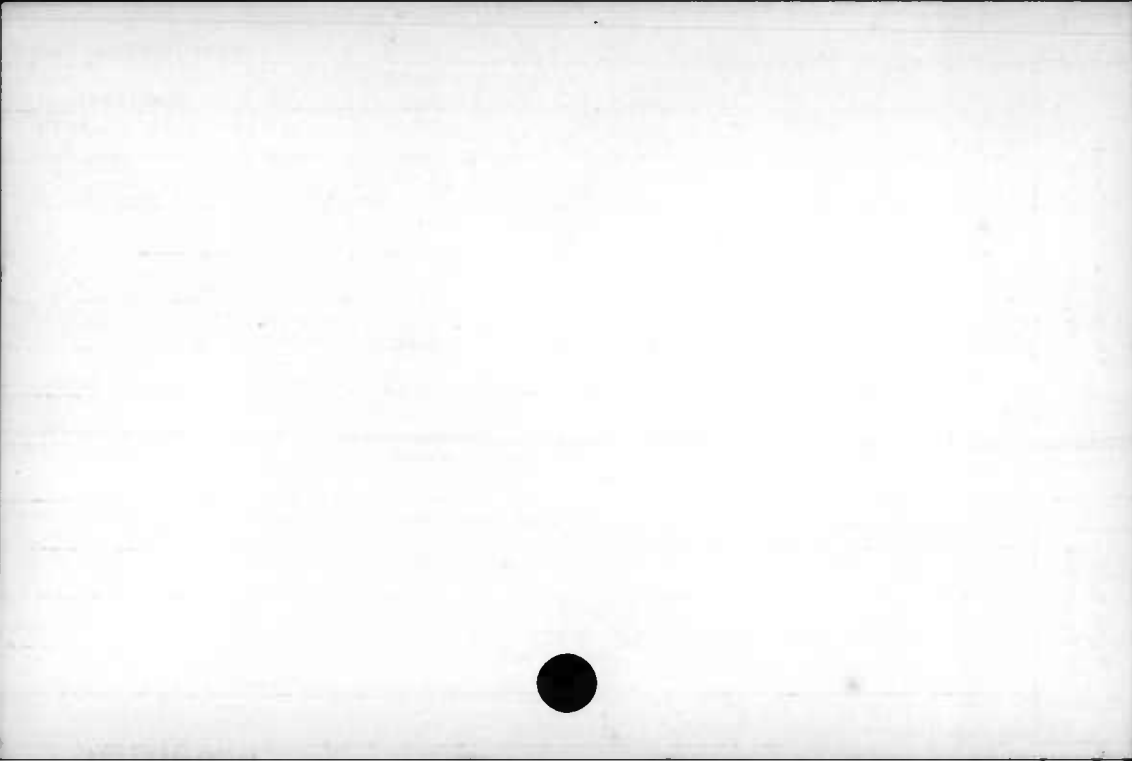
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>6</i>	Age Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Cal. Co.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>			
Name of Wife or Husband					
Father's Name <i>Gen. Harrison</i>			Father's Birthplace <i>Cal. Co.</i>		
Mother's Maiden Name <i>Miss Thomas</i>			Mother's Birthplace <i>Cal. Co.</i>		
Name of person giving In formation <i>H. L. Harrison</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intra Cranial Hemorrhage</i>	How long <i>1. hr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Litch</i>
	Address <i>Huntingtown.</i> <i> Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs H. H. Hutchins

CERTIFICATE OF DEATH

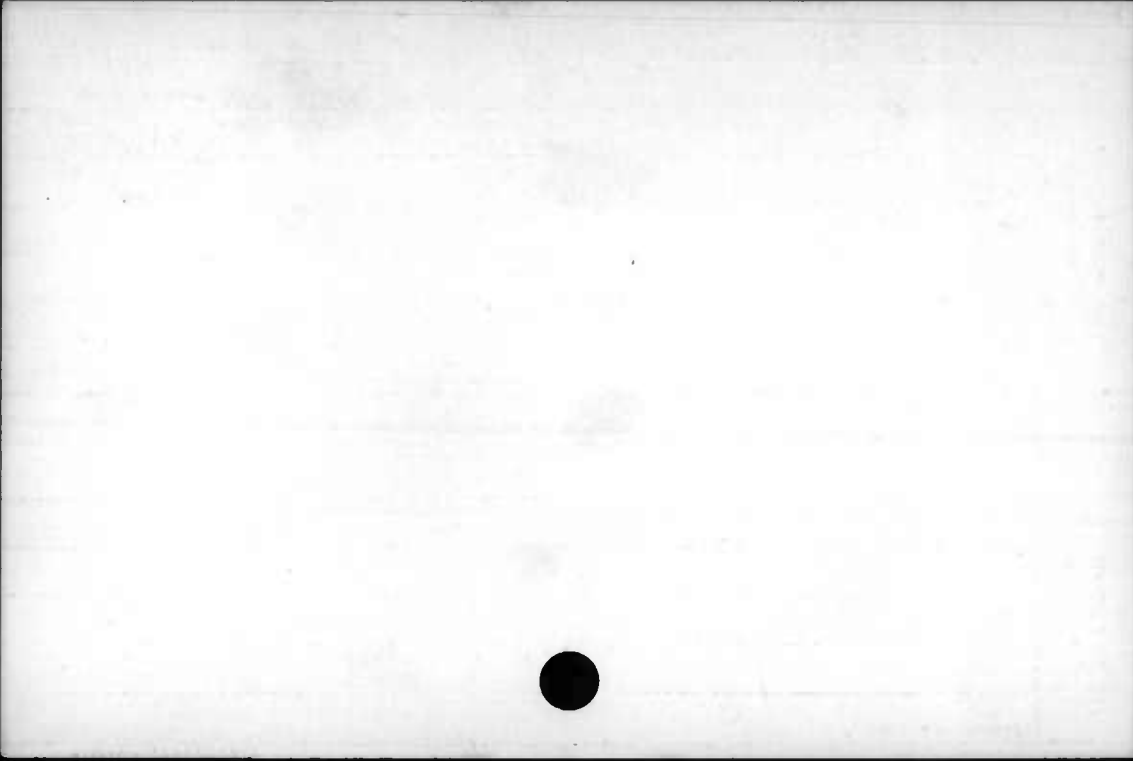
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adelina</i> ^{Town}		<i>Seaboard</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>24</i>	Years <i>64</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Waverly Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Bettie E. Meads</i>					
Father's Name <i>Henry Hutchins</i>			Father's Birthplace <i>Waverly Co</i>		
Mother's Maiden Name <i>Caroline</i>			Mother's Birthplace <i>"</i>		
Name of person giving in formation <i>Jas E. Corrier</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>10 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. King MD</i>
	Address <i>Barettown</i>
Accident or Suicide?	



Name
in
Full

Rosina C. Topp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Salomons* Town*Calvert* CountyDate of death 190 *3* Month *August* Day *23*Age *23* YearsMonths *8*Days *22*Sex *Female*Color or Race *White*Birth-place *Calvert Co. Md.*Married, Single or Widowed *Married*

Occupation

Name of ~~Wife~~ or Husband *John C. Topp.*Father's Name *James E. Elliott*Father's Birthplace *Calvert Co. Md.*Mother's Maiden Name *Rosanna Virginia Hill*Mother's Birthplace *Calvert Co. Md.*Name of person giving information *James E. Elliott*How related to deceased *Father.*

CAUSES OF DEATH

Primary *Acute Indigestion*How long *3 days*

Immediate

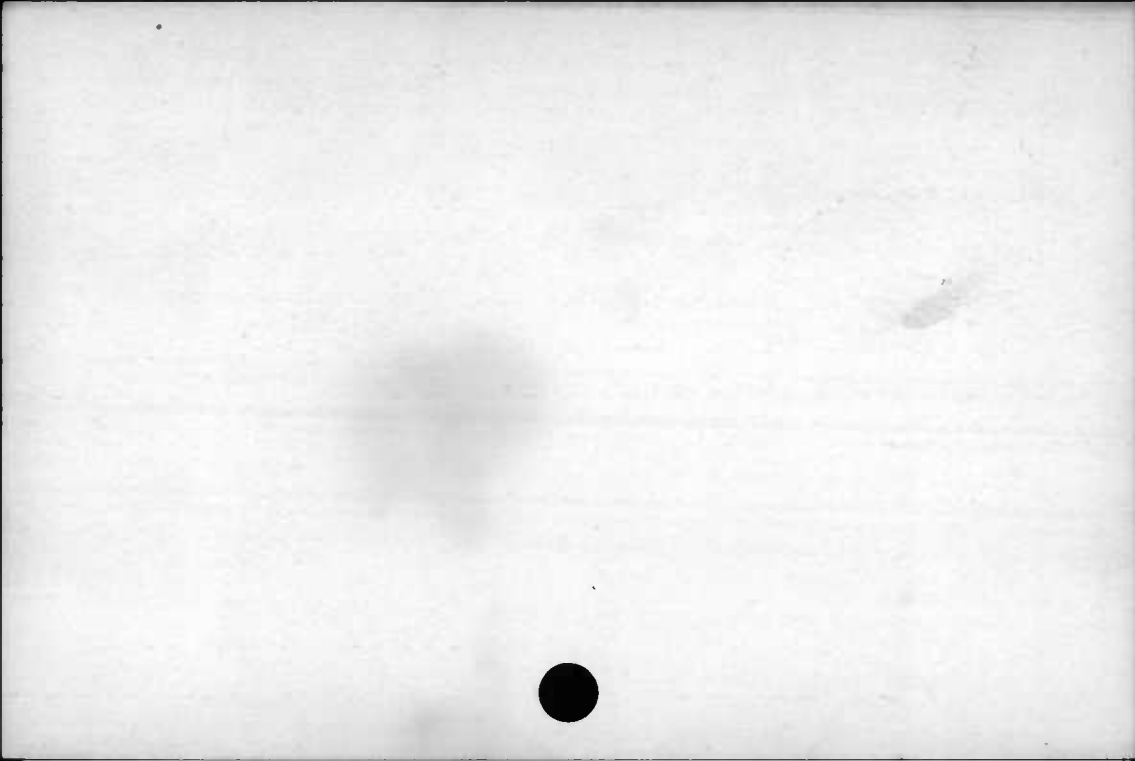
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

W. H. March,
Salomons
Md.

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

Widow

Widower

Divorced

Number of children living

Mother's

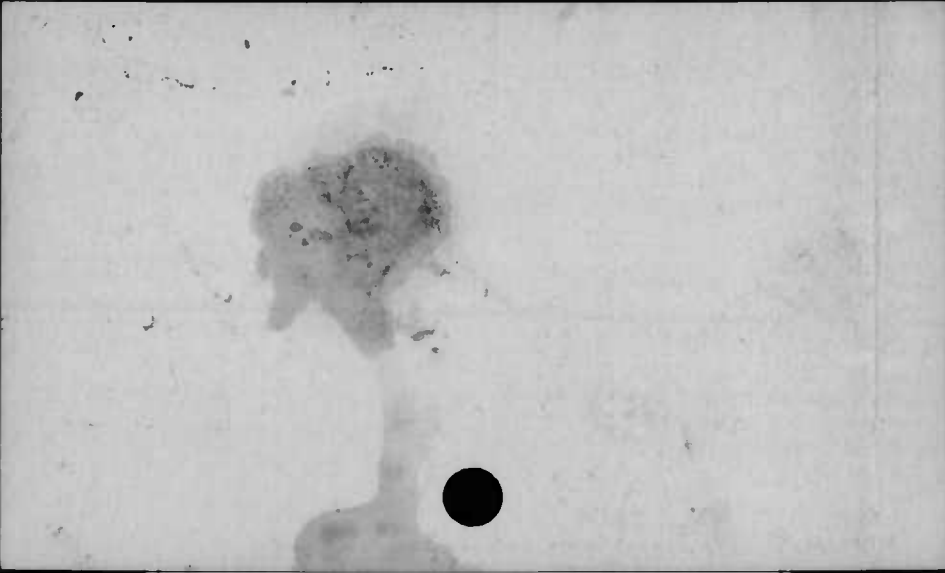
Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name
in
Full

CERTIFICATE OF DEATH

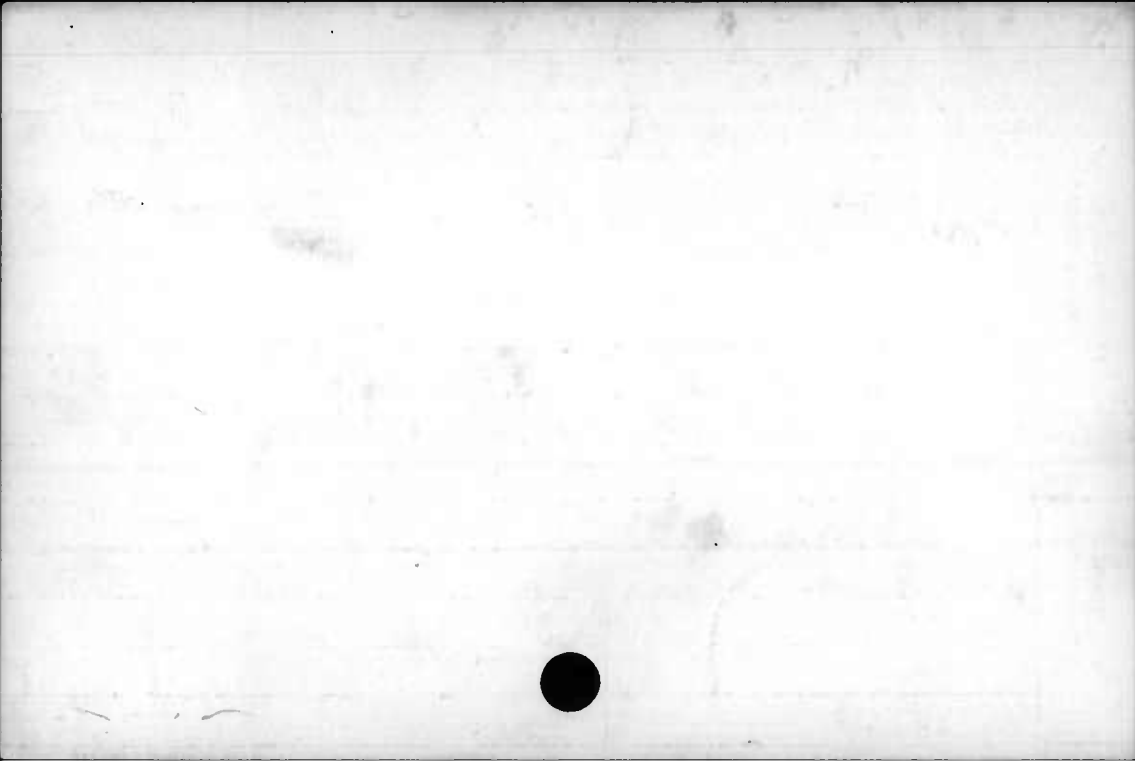
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>adddopted Ralph Smith</i>						Town <i>Prince</i>		County <i>Frederick</i>		Died at <i>Calvert Co</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>August</i>		Day <i>20</i>		Age <i>2</i>		Years		Months <i>none</i>		Days <i>none</i>	
Sex		Color or Race <i>Colored</i>		Birth-place <i>in none</i>		Married, Single or Widowed		Occupation					
Name of Wife or Husband													
Father's Name <i>none</i>						Father's Birthplace							
Mother's Maiden Name <i>none</i>						Mother's Birthplace <i>79</i>							
Name of person giving information <i>Carrie Smith</i>						How related to deceased							

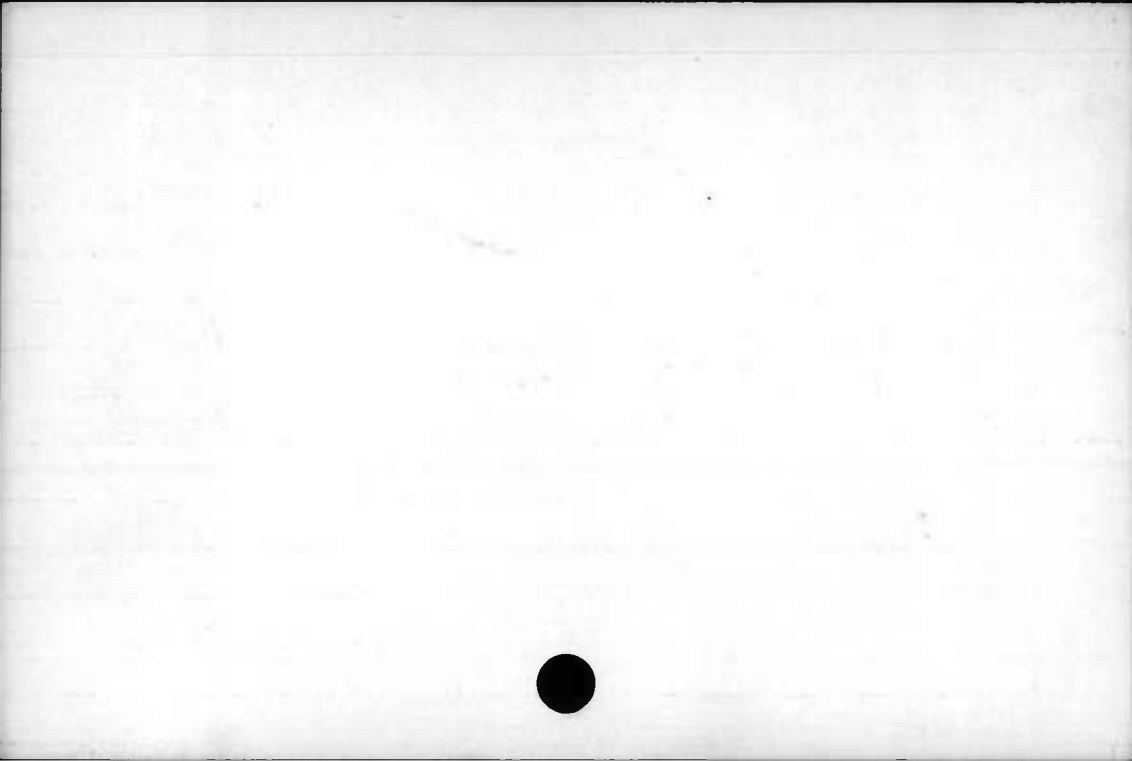
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>		How long <i>6 mo</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. King M.D.</i>	
		Address <i>Bareton ind.</i>	
Accident or Suicide?			



Name in Full		Bertie Sanders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chorley</i> Town		<i>Calvert</i> County		MARYLAND		
	Date of death 1903	Month <i>Aug</i>	Day <i>25</i>	Age	Years <i>2</i>	Months	Days
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Calvert-Co</i>			
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>			
	Mother's Maiden Name <i>Bertie Sanders</i>			Mother's Birthplace <i>Calvert-Co</i>			
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			<i>Acute Indigestion</i>		How long <i>Four days</i>	
	Immediate			<i>100</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?			<i>Yes</i>		Signature of Physician <i>Thos. M. Chaney</i>	
				Address <i>Wm. Kinkadee</i>			
	Accident or Suicide?						



Name is Full		Mary Frances Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Oliver	County Calvert	MARYLAND		
		Date of death 190		Month 3 Aug.	Day 13	Age 30	Months —	Days —
		Sex		Female		Color or Race	White	
		Married, Single or Widowed		Married		Occupation	Housewife	
		Name of husband Husband		William Thomas				
		Father's Name		John B. Joy			Father's Birthplace	Calvert Co Md
		Mother's Maiden Name		Henrietta B. Parker			Mother's Birthplace	Virginia
Name of person giving in formation		John B. Joy			How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Peritonitis		How long	1 week	
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Dr. F. Chambers	
						Address	Calvert Co Md	
		Accident or Suicide?						

